

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

06

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$10 Fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME OLDS VERA L. MI

Last

First

2. BUSINESS PHONE (225) 242-80073. BUSINESS ADDRESS 700 LAKELAND DR. BATON ROUGE, LA 70806
Street and No. City State ZipMAILING ADDRESS P.O. Box 44081 BATON ROUGE, LA 70804
Street and No. City State Zip4. EMPLOYER OLDS & ASSOCIATES, LLC5. EMPLOYER'S ADDRESS Same as above
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Compaq Computer Corp. - Ron SMITH
Address 20555 SH 249 Houston, TX 77070Business or purpose INFORMATION TECHNOLOGY - Computers New Representation
Does this person pay you? Yes

If No, who pays you? _____

 Terminated Representation as of _____FOR OFFICE USE ONLY
Postmark Date: 3-28-01L-300
#3300
\$10.00
RS

1010813

SUPPLEMENTAL REGISTRATION FORM

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2. Name _____

Address _____

Business or purpose _____

 New Representation

Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

 New Representation

Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of _____**CERTIFICATION OF ACCURACY.**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act (LSA-R.S. 24:50 et seq.) has been deliberately omitted.


Signature of Lobbyist